

Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1**Carrier Identification Information**

Parent Company Name

Cellular Network Partnership

Service Provider Name

Pioneer/Enid Cellular

Company Address, City, State, Zip

314 N. 5th
P.O.Box 539
Kingfisher, OK 73750

Service Provider Type

☒ Wireless

Wireline

Name(s) of Wireless License Holder(s)

Cellular Network Partnership dba Pioneer/Enid Cellular

Contact Name

Tony Provenzano

Contact Tel #

405-375-0393

Fax #

405-375-0623

E-mail Address

ajprovenzano@ptcl.com

Section 2**Local Area 911 Implementation**

List all individual local areas covered by this report (e.g., Lee County, Virginia):

Woodward County, OK
Grant County, OK
Dewey County, OK
Kingfisher County, OK
Blaine County, OK

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

Woodward County routes to Woodward Police Dept. (580-254-8518)
Grant County routes to Grant Co. Sheriff (580-395-2357)
Dewey County routes to Watonga Police Dept. (580-623-5111)
Kingfisher County routes to Kingfisher Co. Sheriff (405-375-4242)
Blaine County routes to Watonga Police Dept. (580-623-5111)

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

All points are translated and routed to the specified PSAP. All 911 calls are up and running.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

They were completed in 1992.

Section 3 911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

NONE

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

No problems encountered.

Section 4

Certification - To be signed by an authorized representative of the reporting entity

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.

X I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of 1992.

Signature



Printed name of authorized representative A.J. Provenzano

Title Switch Manager Pioneer/Enid Cellular

Date 03-05-2002

This filing is: ☒ original filing ☐ revised filing

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